



COUNTY OF ORANGE HEALTH CARE AGENCY
Emergency Medical Services
PO Box 355
405 West Fifth Street, Suite 301A
Santa Ana, CA 92702
(714) 834-3500



EMERGENCY MEDICAL TECHNICIAN-I ❖ GROUND OR AIR AMBULANCE ATTENDANT
CERTIFICATION ❖ LICENSING APPLICATION

**PLEASE NOTE: APPLICATION FOR CERTIFICATION MUST BE COMPLETED WITHIN TWO (2) YEARS OF THE DATE ON THE COURSE
COMPLETION RECORD. APPLICATION FEES ARE NON-REFUNDABLE.**

EMT-I
Certification

☐

EMT-I
Recertification

☐

Ground Ambulance
Attendant License

☐

Air Ambulance
Attendant License

LAST NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS, CITY, STATE, ZIP CODE

TELEPHONE NUMBER

()

DATE OF BIRTH

SOCIAL SECURITY NUMBER

OTHER NAMES RECORDS MAY BE UNDER

Have you ever had an EMT certification denied, revoked, suspended, or placed on probation? ☐ Yes ☐ No
If you answered "Yes" please explain below (attach additional sheets if needed):

CRIMINAL RECORD: Either as a juvenile or an adult, have you ever been arrested for any crime that resulted in a conviction (plea or verdict of guilty, plea of nolo contendere, or court finding of guilt in a trial without jury, or forfeiture of bail)? Convictions dismissed pursuant to Penal Code 1203.4 must be reported for licensing purposes.

☐ Yes ☐ No If YES, explain each incident fully in the space below (attach additional sheets if needed):

I have read and understand the above statement and have disclosed any and all criminal convictions.

Applicant's Signature

Date

IF PAYMENT IS BY CREDIT/DEBIT CARD:

Card Type

VISA

MasterCard

Amount \$

Credit/Debit Card #

Exp. Date (mo/year):

FOR OFFICIAL USE ONLY

	<u>EMT</u>	<u>EMT-Recert</u>	<u>Amb. Attdt.</u>		
Course Certificate or 24 hrs CEU	<input type="checkbox"/>	<input type="checkbox"/>		Fee Paid	<u>Receipt #</u>
EMT Exam Date	<input type="checkbox"/>	<input type="checkbox"/>		Cert. Fee	
EMT Cert. Expiration Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA License	
EMT-P Exp. Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DOJ Clearance Rec'd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cert/License Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method of Payment	Check/MO VISA/MC
IRP Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Negative Action Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMT Cert Mailed	
Eligibility Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amb. Attdt Mailed	
Proof of Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Exam. Report			<input type="checkbox"/>		
Remarks:					

Certification/License Issued:

Licensing Clerk: ID #

EMT Expiration Date:

Distribution: White/EMS

Pink/Applicant

Amb. Attendant Exp. Date

STATEMENT OF ELIGIBILITY FOR EMT-I AND/OR AMBULANCE ATTENDANT

AUTHORITY: The Medical Director of the local EMS Agency may deny, suspend, revoke or place on probation any license or certificate issued under the provisions of the Health and Safety Code, Division 2.5, or the Orange County Ordinance 3517. Activities that may result in such action, include:

1. Fraud in the procurement of any certificate under the law.
2. Gross negligence, repeated negligent acts, incompetence.
3. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
4. Conviction of any crime which is substantially related to the qualifications, functions, duties of prehospital personnel.
5. A requirement under Section 290 of the Penal Code to register as a sex offender, or for any offense involving force, duress, threat, or intimidation.
6. A conviction during the preceding seven (7) years of any offense punishable as a felony and involving force, violence, threat, intimidation, or theft in either degree or currently on parole or probation for such offenses or crimes.
7. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division of the regulations promulgated by the EMS Authority pertaining to prehospital personnel.
8. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
9. Addiction to the excessive use of, or misuse of alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
10. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
11. Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

I hereby acknowledge that I have read and understood the listing above, setting forth enumerated conditions and actions which may cause a certificate for EMT-I or Ambulance Attendant to be denied or cause the Medical Director of the local EMS Agency to otherwise take action against any certificate issued by a local agency.

I understand that certification/licensure is subject to immediate denial if a Statewide criminal background check conducted by law enforcement shows any convictions which preclude an individual from working in the prehospital care system.

I understand that certification/licensure is subject to immediate denial or revocation if the applicant knowingly falsifies or fails to disclose a material fact in his or her application (Health and Safety Code 1798.200 and Ordinance 3517).

Applicant's Signature

Date